

Society of Medicine, the Medical Society of London, the Society of Apothecaries, and the Hunterian, Harveian, and Chelsea Clinical Societies. The toast was responded to by Mr. H. L. Eason, Vice-Chancellor of the University of London, and by Dr. Robert Hutchison, president of the Royal Society of Medicine, who said that he was glad his society had not swallowed all the smaller ones, because he believed the smaller medical societies had a distinct function. The members knew each other better, and the politeness which so cramped the style of discussion in the larger societies had a less inhibiting influence in the smaller bodies. Among these smaller societies the West London was a model.

Psychotherapy and the Church

A circular letter signed by the Archbishop of York as chairman, and Canon J. F. L. Southam of Chester and Canon F. Paton-Williams of Manchester as joint secretaries, states that an opportunity has arisen to promote the co-operation of the clergy (and church people generally) with medical psychologists (and the medical profession generally).

"The practice of psychotherapy has developed greatly in recent years, and is bound to play an increasing part in the treatment of those suffering from the various forms of disease—mental and otherwise—which are caused in whole or in part by psychical conditions. It is evident that medical work of this kind comes into very close relations with some parts of the pastoral work of the clergy, and co-operation between clergy and medical psychologists is greatly to be desired. Also it is evident that the practice of psychotherapy involves action to which the principles of the Christian religion and ethics are directly relevant; if these are neglected great harm may result."

Accordingly Miss Graham Ikin, a psychologist, has been entrusted with a mission to give lectures, to lead conferences, or to meet individuals with a view to spreading that understanding of the subject which is needed as a preliminary to co-operation. She will not herself practise as a lay psychotherapist, but will aim at bringing together those who practise psychotherapy and those who as pastors give spiritual guidance. Among those supporting the enterprise are the Bishops of Bradford and Manchester; Dr. J. R. Rees, director of the Institute of Medical Psychology; and Dr. H. P. Newsholme, M.O.H., Birmingham. The medical members of the committee to which Miss Ikin will be responsible are Professor John Hay, Dr. Neil Macleod, Dr. T. W. Mitchell, and Professor Maxwell Telling.

Scotland

New Edinburgh Professors

The University Court of the University of Edinburgh has transferred Professor D. Murray Lyon from the Christison chair of therapeutics in the University of Edinburgh to the Moncrieff Arnott chair of clinical medicine, to be vacated by Professor Edwin Matthew on September 30th next. It is understood that in future the professor of clinical medicine will be relieved from duties in the Royal Infirmary of Edinburgh and will be transferred to the Western General Municipal Hospital. To fill the vacancy thus created in the chair of therapeutics, the University Court has appointed Dr. Derrick Melville Dunlop, who is at present one of the assistant physicians to the Royal Infirmary. Dr. Dunlop, who graduated M.B., Ch.B. at Edinburgh in 1926 and M.D. in 1927, is also lecturer on therapeutics and assistant to the professor of tuberculosis in Edinburgh University.

Aberdeen Professorial Resignations

At a meeting of the Aberdeen University Court on July 10th the resignations of Professor Robert Gordon M'Kerron from the chair of midwifery and of Professor Theodore Shennan from the chair of pathology were announced. Professor M'Kerron joined the teaching staff of Aberdeen University in 1891 as assistant to the professor of physiology, and was later assistant to the

professor of midwifery. In 1912 he was appointed regius professor of midwifery, and for many years was physician to the Maternity Hospital and gynaecologist to the Royal Infirmary. Professor Theodore Shennan was pathologist to the Royal Infirmary of Edinburgh and lecturer in pathology and bacteriology in the school of medicine of the Royal Colleges at Edinburgh for a number of years, but for the last twenty-two years he has been regius professor of pathology in Aberdeen.

New Hospital at Paisley

A new hospital for infectious diseases at Paisley, which has cost approximately £150,000, was opened on July 7th. This hospital, which stands on the main Hawkhead road, will provide accommodation for over 180 patients, and consists of seven pavilions. One of the pavilions is a cubicle block with accommodation for thirty patients, and is designed for isolating doubtful cases. Others are intended for pneumonia (thirty beds), diphtheria (twenty-one beds), scarlet fever (thirty beds), measles (twenty beds), whooping-cough (twenty beds), and tuberculosis (thirty beds). The pavilions are single-story buildings with verandas and a solarium. In the nurses' home forty-nine nurses and six sisters will be accommodated, and the administrative block, in addition to dining and sitting rooms, contains rooms for the matron, medical officers, and maids.

CORRESPONDENCE

Poliomyelitis

SIR,—In his interesting paper on epidemic poliomyelitis, Sir Arthur MacNalty pays me the compliment of citing a classification of the pathological and clinical events in this disease that was formulated by me some nine years ago.

At the time it was made this classification was an acceptable generalization of the state of our knowledge. In the history of poliomyelitis research nine years is a long time, and no one would now accept this generalization as in accord with what we have since learned of the nature of poliomyelitis from the work of Weston Hurst and Farebrother in this country and that of others in America and Germany.

A conception of poliomyelitis as a virus infection of the nervous system exclusively is now generally accepted. The clinical and pathological evidence upon which the belief in an initial stage of generalized systemic infection was based is now thought to require and to be capable of another interpretation.

A summary of this new conception and a discussion of its bearings upon treatment were submitted by me three years ago at the Annual Meeting of the Association in Dublin, and it is by this summary that I should prefer to be cited rather than by views formulated at a comparatively remote epoch and now completely obsolete. The Dublin paper was published in this *Journal* on December 30th, 1933.—I am, etc.,

London, W.1, July 11th.

F. M. R. WALSHE.

Epidemic Nausea and Vomiting

SIR,—An epidemic of vomiting occurred in one of the school camps in South Wales, with symptoms closely resembling those described by Drs. R. Miller and M. Raven in their communication to the *Journal* of June 20th (p. 1242).

The first case was seen at the camp surgery on Sunday, May 31st, when I was present. A boy came to see the nurse on account of abdominal pain, and very shortly afterwards, about 4.30 p.m., had violent vomiting. A few minutes later, when I saw him, he appeared to have greatly improved, but he was kept in one of the isolation cubicles for the night, so as to be under the supervision of the nurse. During the